

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO
10/018274

FLING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
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7						
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9						
10						
11						
12					1	
13						1
14						1
15						1
16						1
17						1
18						1
19						1
20						1
21						1
22						1
23					1	
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50						
TOTAL IND.		↓	1	↓	3	↓
TOTAL DEP.		↓	20	↓	18	↓
TOTAL CLAIMS			4		21	

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS